**Performance Improvement Plan**

Name – Agency

Date

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| --- | --- | --- | --- | --- |
| **Job Function**  **Identify the job function requiring performance improvement** | **Problem Description**  **Provide specific observations of unsatisfactory performance** | **Action Plan**  **Describe what actions must be taken to achieve success** | **Deadline**  **Identify the date by which the improvement much be achieved** | **Updates/Notes**  **Document any notable**  **changes to this area** |
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*My performance improvement plan has been discussed with me in detail. I have had the opportunity to discuss my plan with my supervisor(s) and I understand the requirements set forth. I understand that failure to adhere to and comply with this plan may result in disciplinary action.*

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Employee Signature Date Supervisor Signature Date

Name Name